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An Exploration Of Characteristics, Child Development Knowledge, Sources Of Information, And Training Needs Of Family Home Providers

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This research is a product of the graduate program in [Home Economics](#) at Eastern Illinois University. [Find out more](#) about the program.

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An Exploration of Characteristics, Child Development
Knowledge, Sources of Information, and Training Needs
(TITLE)
of Family Home Providers

BY

Latonia A. Stewart

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Science

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1993
YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

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ABSTRACT

Stewart, Latonia, A. (1993). An Exploration of Characteristics, Child Development Knowledge, Sources of Information, and Training Needs of Family Home Providers. Master of Science, Eastern Illinois University. Major professor; S. Jayne Ozier, Ph.D.

The purpose of this study was to identify family home providers, or caregivers, characteristics while assessing the caregivers' knowledge of child development. The sample consisted of 47 family home providers, identified through the CareFinder database, a computer program which identifies licensed child care providers, for six counties in east central Illinois. Data were collected using the Child Care Survey, developed by the researcher. The Child Care Survey consisted of self-reported, demographic and descriptive data, as well as a 48-item knowledge test. The findings of this research revealed that the average age of the caregiver is 35, she has been providing care an average of eight years, has a high school diploma, and receives most of her child development information from non-school child development and care experiences, such as 4-H, Cooperative Extension, and Girl Scouts. The mean score of the 48-item knowledge test was 32 (67%), the scores were not considered low since no specific child development education was provided prior to administering the test. However, when the respondents were asked to identify their child development needs, they were high in all areas. Forty-three identified strong needs in physical development, 41 in social development, 43 in emotional development, and 44

DEDICATION

This research is dedicated to the Eastern Illinois University, School of Home Economics, Child Care Resource and Referral staff in Service Delivery Area XI, who coordinate and provide education and training for family home providers.

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CHAPTER I Introduction

Statement of the Problem

Over the last 30 years there has been a rapid increase of mothers entering the work force. By 1990, over half of all married mothers with preschool children and almost three-fourths of married mothers with school-age children were working, most of them full-time (Cooperative Extension Service, 1990). According to statistics reported by the Cooperative Extension Service (1990) in 1960, 35 percent of all women were participants in the work force, in 1970 there was a 41% increase. There was a six percent increase in just ten years and by 1980 the percentage of women in the labor force was 51 percent. Ten years later, in the year 1990, the percentage of women in the labor force was 59 percent. This group included all women in full or part-time positions, not necessarily with children. In 1990, 57 percent of the married women with children under the age of six were in the labor force, and 72 percent of the women with children six to 18 years were in the labor force.

It is common today for a child to be in some form of child care arrangement. "Labor statistics provide evidence of the increasing number of mothers who are choosing to work outside of the home. The factors influencing this decision are well known, and range from the need for additional family income to the need for personal self-fulfillment" (O'Connell, 1983, p.63).

Background

With this emergence of mothers into the work force, alternative care for their children has to be investigated. Some of the more common options are family day care, day care centers, in-home care, relative care, and self-care, most commonly referred to as latchkey children.

It is estimated that 75 percent of all children under the age of six are in some form of child care not provided by one of their parents (Kontos, 1992). This leaves only 25 percent of our nation's children being cared for by their own parents on a full-time basis.

According to the reported (Cooperative Extension Service, 1991) 1990 Census Bureau statistics publicly funded programs, such as Head Start, only account for one percent of child care for children under the age of six. Day care centers account for 25 percent of child care used by working parents. Family day care makes up 22 percent of child care used by working parents while in-home care by a non-relative is recorded at six percent, and 22 percent of child care is provided by a relative. For children over age six, 10 percent are reported to be in self-care.

Patten (1992) identified the best option for child care as one that matches the family's needs to the type of care provided. Some types of care are fully described in the following paragraphs.

Center-based child care includes day care or nursery school programs that are licensed by the state (Illinois Department of Children and Family Services, 1986a; Collins, R. C., 1983) which regulate health, space, safety, and requirements for staffing. This type of care is offered on a part-time and full-time basis. Some of these programs are designed for a specific age group. Specific activities are offered and sometimes appeal to special interests, such as a religious group.

Family day care is another option. In this setting care is provided in someone else's home and often by someone with children of her/his own. A requirement of the State of Illinois (Illinois Department of Children and Family Services, 1986b) is that a provider in a family day care home must be licensed if there are more than three children in their care, including any children of her or his own. With this type of caregiver there are no formal training requirements and the provider may have up to eight children in her care at any one time, including her/his own.

A study completed by the National Day Care Home Study (Davison & Ellison, 1980) provided information on differences within family group home settings. This was accomplished through behavioral observations of provider behavior. The homes were classified in three categories: (1) sponsored homes that required affiliation with an external administrative agency; (2) regulated homes that

required state licensure or registration; or (3) unregulated no external control or scrutiny. The study revealed that providers who were sponsored spent significantly more time interacting directly with the children than providers of regulated homes, who interacted more with children than providers from unregulated homes (O'Connell, 1983).

In-home care is provided in the child's home and is probably the most difficult to obtain. This is probably the most preferred option because it may offer the child more stability and the parents a higher level of convenience as well as more control over the child's activities. This form of care increases the level of social interaction between the child and the provider since the child's siblings, if any, would be the only other children receiving attention from the provider.

Purpose of the Study

The purpose of this study was to identify family home provider, or caregiver, characteristics while assessing the caregivers' knowledge of child development, and investigating their sources of information. The findings can be used to plan educational programs and materials for future home provider training.

Objectives

The following objectives guided the research:

1. To identify the characteristics of the caregivers.

2. To assess the caregivers' knowledge of child development.
3. To identify the source of caregivers' child development knowledge.
4. To determine the child development training needs of caregivers.
5. To determine the delivery system caregivers find most helpful, most preferred, and most frequently used.

Research Questions

Research questions investigated were as follows:

1. What are the characteristics of the caregivers?
2. What do caregivers know about child development?
3. What are the sources of caregivers' child development knowledge?
4. What are the training needs of the caregivers?
5. What are the most helpful, most preferred, and most frequently used means of receiving training?

Delimitations of the Study

This study focused on one small population of family home providers, or caregivers, in east central Illinois. The search for quality care is a nationwide problem and the training needs identified in this group may not be representative of those in another group.

CHAPTER II

Review of Related Literature

The review focused on quality childcare, characteristics outlined by child care professionals as assets to caregivers, how they attained those characteristics, what their training consisted of in the child development area, and some ways to meet future training needs.

Quality Childcare

"Professional childcare is a comprehensive service to children and families which functions as a subsystem of the childrearing system and which supplements the care children receive from their families..." (Caldwell, 1984, p.4). Child care programs will vary in quality dependent upon the staff's characteristics and training, the physical setting, and the support given to the service being provided.

"Professional child care must foster the development of the child physically, intellectually, socially, and emotionally. The overall goal should be the creation of a growth-fostering environment for young children" (Caldwell, 1984, p.4). In 1984, Bettye Caldwell, former National Association for the Education of Young Children President, indicated three areas that would enhance the quality of child care: 1) building better linkages between the child care subsystem and other human services programs; 2) identifying positive experiences associated with child care; and 3) a commitment

to research on the processes and products of child care programs. Caldwell stated that if we know what is truly going on in the child care system and, what works, then we will be better able to provide quality care. As recently as 1992, Kontos concluded from her literature review of family childcare providers that the needs outlined above must still be addressed.

Characteristics of a Quality Caregiver

Being a child care professional means being an exceptional person; one with experience, knowledge, and special personal qualities - three characteristics that come in varying forms (Balaban, 1992). Eartha Deyampert (1992) stated that oftentimes the provider is one of the major attractions to parents, and that providers need to possess the following characteristics to keep the parents coming to them; reliability, credibility, presentable appearance, responsiveness, and empathy.

Feeney and Chun (1985) identified some of the personal qualities and skills that are often claimed to be characteristic of a good teacher. Those qualities and skills include warmth, sensitivity, flexibility, honesty, integrity, naturalness, sense of humor, acceptance of individual differences, ability to support growth without being overprotective, physical strength, vitality, compassion, self-acceptance, emotional stability, self-confidence, ability to sustain effort, and the ability to

learn from experience. As one of the most influential persons in children's lives, caregivers need to provide a nurturing environment. The child and family should feel a sense of security when in the provider's presence. Children need to love, and providers must be able to provide love and attention for them. Honig (1985) also outlined other characteristics desirable in a caregiver. He/she should be a nurturing person who possesses keen observation skills, is flexible, creative, comforting, and radiates a calm manner that fosters a sense of security to the infant.

The issue of stability in child care is one of great importance. Honig (1985) strongly stated that babies need time to fall in love with their caregivers giving them time to form familiar, stable, predictable relationships with one another. Perhaps all of this attention to cuddling, rocking, and emotional nurturing has given the impression that cognitive development and language skill building are not important. The power of language learning grows from the earliest interactions between caregivers and infants (Honig, 1985). This is why it is important for caregivers to provide this stimulation to infants and children on a regular basis. Early childhood education has been strongly associated with more positive behaviors like the ones outlined above, but adult/child interactions are important to growth and development, especially in the early years. Settings provided by caregivers should yield more time in

interaction with children, which in turn should facilitate children's intellectual as well as other areas of development. Alben (1991) summed up what quality child care is about:

it is about warmth and caring and interesting things to do. It is about high self-esteem and genuine concern about the quality of everyone's day. It is about playing games and singing songs and playing house and holding and laughing and having a nice time. It is about everyone being accepted and respected without reservation and telling each other this in lots of ways. It is about overlooking transgressions so we can get on with things that really count. It's about children and adults spending the day together and looking forward to spending tomorrow together, too. (p.18)

In sum, a quality caregiver fulfills a child's physical, emotional, intellectual, and social needs. Quality caregivers also facilitate a child's overall development. Meeting these demands can be achieved by a child care provider who is knowledgeable about the stages of child development.

What Knowledge Do Caregivers Have About Child Development?

While it is clearly important to love babies, love is not enough. There is a need for knowledge (Balaban, 1992). From this knowledge we learn to accept the child's behavior for what it is. A two-year old is not being mean because he pushes the child ahead of him out of the way, but he is egocentric at that age. This same child is not being

According to Balaban (1992), we get this knowledge from various sources, one is through formal education. This would be courses taken at the college or university level or through the Child Development Association (CDA).

Kontos (1992) says that while it appears that the proportion of trained caregivers varies by locale (perhaps a reflection of opportunities), a consistent finding is that caregivers are more likely to be trained in more informal methods, such as workshops and conferences, than through formal course work at the postsecondary level. What little formal training there is among family day care providers seems most likely to be received through high school courses.

Other forms of less formal education may be provided through media, films, books, journals, videos and staff meetings. Kuykendall (1990) indicated that education and training are methods for ensuring the child development knowledge base within child care programs. States vary widely in their requirements for caregivers/teachers in non-public school child care programs. More than half of these programs require no training or experience before employment.

Knowledge of child development is an essential part of caring for the child. This knowledge is the base used to promote appropriate activities for children in child care situations.

What Caregivers Should Know About Child Development

When child care providers plan their day, they should consider the group for which the activity is being planned and not only how easy or difficult cleanup will be.

"Activities are only valuable to the degree to which they are appropriate for the age group" (Gonzalez-Mena, 1986, p.49). In order to know what is appropriate to an age group, providers need some background information on children's developmental stages. The basic information would include physical development, social development, and cognitive development. Providers who are knowledgeable about these stages of development should be able to successfully plan and complete a full day's activities in her/his program, that are both fun and stimulating to the child.

Training Needs of Child Care Providers

The experts who are in touch with the realities of current economic and cultural times continue discussing how to provide quality care for our nation's young children (Benham, Miller, & Kontos, 1988).

The Early Childhood Environmental Rating Scale (ECERS), designed by Harms and Clifford (1980) outlined how training needs can be identified. This rating scale identifies appropriate use of space, materials and experiences to enhance children's development, daily schedule, and supervision provided.

Some forms of training that might be beneficial to child care providers are workshops, through community programs, staff development sessions for centers, and peers working together and learning from one another. A relatively new form of improving staff performance and training is through videotaping and playing back the tape as a training tool (Kontos, 1992). A Child Care Resource and Referral (CCR&R) project that provides training to caregivers integrated videotaping and playing back as training tool into their sessions while training caregivers on interactive television viewing (Ozier, December 14, 1993 personal interview).

Through the review of the related literature, the qualities outlined are characteristics that should be observed in every caregiver. It has been noted that formal training is usually characteristic of center-based caregivers. Family day care providers usually have training up through high school. This indicates that training should be approached differently for the two groups of caregivers. In general, family day care need more basic education and training on child development, while center caregivers need continuing education and training.

CHAPTER III

Methodology

Population

The population for this study included child care providers listed in the CareFinder database, a computer program that identifies licensed child care providers, for six counties in east central Illinois. One hundred sixty-three licensed and license-exempt family day care providers were identified. All 163 child care providers were mailed surveys.

Instrumentation

The researcher developed the Child Care Survey, a self-report questionnaire. The questionnaire identified characteristics of caregivers, identified the sources caregivers used to gain child development knowledge, determined the child development training needs of caregivers as identified by themselves, and determined the delivery system caregivers find most helpful in attaining child development knowledge, and assessed the caregivers' knowledge of child development. (See Appendix A)

The 48-item knowledge test was devised by compiling questions related to child development in the areas of social, emotional, intellectual, and physical development for children aged 0-5 years. The ages and areas of development represent the child development knowledge base required for CDA credentials. These questions were drawn

from test banks used by child development professors (Brown, M. & Phihaal, J., 1966; Conger, F. S., 1979; Forsyth, P. D., 1990; Giordano, A., Gonzalez-Mena, J., & Prairie, E., 1992; Santrock, J. W., 1990; Snow, C. W., 1989; Winn, N. J., 1984). A panel of five child development professionals, one of whom was male, reviewed and refined the 48-item knowledge test.

Demographic and descriptive data questions were developed to identify characteristics of the caregivers. This portion consisted of open-ended questions identifying ages of providers, their childrens ages, and ages of the children they served. This section also requested information about the caregivers' educational background in general, and their child development experiences. To identify the sources used to gain child development knowledge, the caregivers were requested to select from a list of 11 choices how they receive their child development information. They were given a list of 10 choices to identify how they learn this information best. To determine their training needs, the caregivers were asked to identify their training needs in eight developmental areas. To determine what delivery systems for child development information were most helpful and most frequently used, the caregivers were asked to identify from a list of eight choices how they would like to receive training on child development information.

Pilot Test

The Child Care Survey was distributed to 15 pre-professionals enrolled in a home economics administration of child care programs course. The only change resulting from this pilot was the deletion of the word creeping as a stage in the motor sequence question of the child development knowledge section of the survey.

Implementation Procedure

Six weeks prior to the distribution of the Child Care Survey, the Provider Press newsletter alerted the caregivers that the survey would follow soon. Of the 237 child care professionals receiving the newsletter, 163 were family day care providers. The Child Care Survey was mailed to the 163 licensed and license-exempt family day care providers as identified through the CareFinder Database utilized in the Child Care Resource and Referral Project. A cover letter introducing the study and offering a chance for a drawing of a \$25 gift certificate to a teacher supply store was attached to the survey and mailed with a postage-paid return envelope. (See Appendix B) A two-week deadline was established for returning the completed instrument. There was no follow-up letter in fairness to those who completed and returned their surveys by the deadline to be eligible for the drawing.

Data Analysis

Collection and Recording

Forty-seven out of 163 Child Care Surveys were returned by mail within the requested two-week time period. The items were coded and prepared for data entry. The data were entered into a Word Perfect 5.1 computer program.

Processing and Analysis

The data for the Child Care Survey were analyzed by the Statistical Package for the Social Sciences (SPSS). The frequency and percentages were determined for the demographic and descriptive data questions. The range and mean were determined for the child development knowledge subscale. Pearson product-moment correlational analyses were conducted to explore relationships between age and level of education, age and knowledge test, and experience and knowledge test.

Chapter IV

Results and Discussion

The purpose of this study was to identify family home providers, or caregiver, characteristics while assessing the caregivers' knowledge of child development. The results are reported in the order of the outlined objectives. The findings will assist in planning the family home provider's, or caregiver's, training. Of the 163 Child Care Surveys mailed, 47 (29%) were returned.

Caregiver Characteristics

The first objective stated was to identify the characteristics of the caregivers. The average age of the caregiver was 35. The youngest person was 21 years old and the oldest was 63. Of the 47 caregivers, an average of eight years of care was provided to children whose ages ranged from 6 weeks to 12 years. This included children of their own. Thirty (64%) provided care to infants who were under the age of one year. These averages are similar to the research completed by Kontos in 1992.

The level of education completed by the respondents indicated that 45 (95%) completed high school, while 32 of those 45 had some college experiences (See Table 1). Respondents were asked to identify their child development experiences. Five (11%) had participated in CDA training. Twenty-seven (57%) had participated in non-school child development and care experiences, such as 4-H, Cooperative

Extension, and Girl Scouts. Twenty-five (53%) had attended/participated in Child Care Resource and Referral Workshops. (See Table 2) The higher the level of education, the more likely a caregiver was to attend a CCR&R workshop. This information is valuable to persons conducting these meetings and workshops because they may be the caregivers' only contact for child development education. Formal education, through college courses for example, was not expressed as a strong desire (1 person) when asked how they would like to receive training on child development.

Seventeen (36%) of the respondents indicated that they belong to a child development/child care organization. It is interesting to note that 5 of the respondents identified the Child Care Resource and Referral Project as the organization to which they belong. The CCR&R is a project designed to provide referrals to persons looking for child care; training and technical assistance for licensed child care providers; and an information service in the area of child development. It is not recognized as a child care organization to which one can belong; however, this finding suggested the closeness that exists between this project and the caregivers making them feel a part of their system, as well as feel more professional.

Table 1.
Caregivers' Level of Education Completed by Frequency and Percent

Total Sample (N=47)		
Education	Frequency	%
Some High School	2	4.3
High School	13	27.7
Some College	21	44.7
Associate's degree	6	12.8
Bachelor's degree	3	6.4
Some graduate work	1	2.1
Graduate degree	1	2.1

Table 2.
Caregivers' Child Development Educational Experience by
Frequency and Percent

Child Development Experience			Frequency	%
<hr/>				
Completed child development and	care courses in high school	24	51.1	
Completed child development and	care courses in community college	12	25.1	
Completed child development and	care courses at a University	5	10.6	
Participated in Child Development	Associates Training	5	10.6	
Participated in non-school	child development and care			
experiences		27	57.4	
Attended/participated in Child Care	Resource and Referral workshops	25	53.2	
Attended/participated in early	childhood conferences and workshops	16	34.0	

Totals may not equal 100% or 47 respondents due to omission of answers and responding positively to more than one choice.

Child Development Knowledge

Each respondent completed a 48-item knowledge test.

The mean score was 32 (67%). Whereas the mean score was 32 (67%), the scores were not considered low since no specific child development education was provided prior to

administering the test. Even though it was beyond the scope of the study, further examination of the test results showed variation in the number of correct answers by area of

development and age group of children suggesting a need for more education on all areas of development.

One statistically significant negative relationship existed between the test scores and age ($r = -.31$). The younger caregivers scored higher on the test scores, while the older caregivers scored lower. The Pearson r correlation coefficient ($r = -.31$) was significant at the .05 level. Education was found to have a statistically significant positive relationship ($r = .49$) to the test score. The Pearson r correlation coefficient ($r = .49$) was significant at the .05 level. (See Table 3) The higher the respondents' education level, the higher they scored on the knowledge test.

There was no significant relationship between the caregivers' test scores and the number of children they had of their own ($r = -.02$). Also, there was no significant relationship between the test score and the number of years the caregiver has been providing care ($r = -.25$).

The investigator's contention is that integration of child development information on physical, intellectual, social, and emotional development into future trainings, especially CCR&R workshops and non-school educational experiences, can only benefit the caregivers.

Table 3.
Correlation Between Caregiver Characteristics and Child
Development Knowledge Test Scores.

Caregiver Characteristics	r
Age	-.31*
Education	.49*
Number of own children	-.02*
Years providing care	-.25*
*Significance Level .05.	

Source of Information

To determine how the caregivers received their child development information, they were asked to indicate all the sources they used (See Table 4). Magazines, such as Parents, and newsletters were most frequently indicated; each source was indicated by 39 (83%) of the respondents. This is important to persons providing information through these means; the magazines and newsletters need to include accurate, timely, and applicable child development information for caregivers. Thirty-four (72%) of the respondents indicated that they receive child development information from informal conversations with others, such as talking to a CCR&R resource specialist. Caregivers often use the CCR&R as a resource when they encounter problems within their programs. The younger respondents indicated that they rely mainly on books for their child development information ($r = -.37$). The older respondents

indicated that they rely more on pamphlets for their child development information ($r = -.19$). This negative relationship could be related to the fact that the younger respondents also have more experiences in formal education than the older respondents.

Table 4.
Source Caregivers Indicated They Used to Receive Child Development Information by Frequency and Percent.

Source	Frequency	%
Activity kits	29	61.7
Association meetings	17	36.2
Books	36	76.6
College courses	8	17.0
Informal conversations	34	72.3
Journals	14	29.8
Magazines	39	83.0
Newsletters	39	83.0
Pamphlets	29	61.7
Training/Workshops	20	42.6
Videotapes/Television	31	66.0

Training Needs

For the purpose of fulfilling future training needs for providers, the question was asked how they best learn child development information. The study identified hands-on experience as the best method to learn, 33 (70%) selected this choice on the questionnaire. (See Table 5)

When asked how they would like to receive child development information, caregivers who had been providing care for longer periods of time preferred to receive pamphlets over any other method. Thirty providers had fewer

than eight years experience and seventeen had more than eight years experience. Thirty-four percent of the respondents providing care for children over 8 years indicated that they would prefer to receive child development information through pamphlets.

Caregivers were also asked to identify what they perceived as needing or not needing in the area of child development. They could respond "I really need it," "I could use it," or "I don't need it." (See Table 6). Forty-three (91%) respondents indicated "I really need it" or "I could use it" in the area of physical development, forty-one (87%) respondents indicated "I really need it" or "I could use it" in the area of social development, forty-three (91%) respondents indicated "I really need it" or "I could use it" in the area of emotional development, and forty-four (94%) respondents indicated "I really need it" or "I could use it" in the area of intellectual development. This clearly signifies a need for more training in all areas of child development.

Table 5.

Caregivers' Indication of How They Best Learn Child Development Information by Frequency and Percent

Source	Frequency	%
Audio tapes	3	6.4
Books	10	21.3
Hands-on experience	33	70.2
Informal conversations	15	31.9
Lecture/Presentations	2	4.3
Pamphlets	4	8.5
Independent learning	8	17.0
Structured courses	2	4.3
Video tapes/television	8	17.0
Workshops	13	27.7

Numbers do not equal 100 due to respondents indicating more than one choice.

Table 6.
Caregivers' Indicated Perceived Need in the Area of Child
Development by Frequency and Percent.

Area of Development	I really need it		I could use it		I don't need it	
	Frequency	%	Frequency	%	Frequency	%
Physical development	17	36.2	26	55.3	2	4.3
Social development	18	38.3	23	48.9	3	6.4
Emotional development	21	44.7	22	46.8	1	2.1
Sexual development	16	34	25	53.2	3	6.4
Intellectual development	14	29.8	30	63.8	3	6.4
Language development	15	31.9	29	61.7	3	6.4
Developmentally appropriate practice	15	31.9	28	59.6	1	2.1
Discipline/Guidance Principles and Techniques	14	29.8	26	55.3	5	10.6

CHAPTER V

Summary, Conclusion, and Recommendations

Summary

The purpose of this study was to identify characteristics of the family home providers, or caregivers, and assess their child development knowledge. More specifically, the objectives established for this study were to identify the characteristics of the caregivers, to identify the source of caregivers' child development knowledge, to determine the child development training needs of caregivers, and to determine the delivery system caregivers find most helpful, most preferred, and most frequently used, and to assess the caregivers' knowledge of child development. The information can be used to further develop child care provider training to enhance the quality of care for children.

The Child Care Survey was developed as a self-report questionnaire. The questionnaire identified characteristics of caregivers, assessed the caregivers' knowledge of child development, identified the sources caregivers used to gain child development knowledge, determined the child development training needs of caregivers as identified by themselves, and determined the delivery system caregivers find most helpful in attaining child development knowledge. A 48-item knowledge test was also a component of this survey. The test included questions on the areas of social,

emotional, intellectual, and physical development, for children aged 0-5 years.

The Child Care Survey was mailed to 163 family day care providers with a postage-paid return envelope. The Child Care Survey was analyzed by computer using the Statistical Package for the Social Sciences.

The Child Care Survey revealed that the average provider is 35 years old with at least one child of her own. She has an average of 8 years experience in providing child care for children aged 6 weeks to 12 years old. She has completed high school and may have some college experience (45%). She receives most of her child development educational experiences from workshops and non-school child development experiences, such as 4-H, Cooperative Extension, and Girl Scouts (58%). Thirty-six percent of the respondents indicated that she belongs to a child development/care organization. The 48-item knowledge test had an average test score of 67%. There was a significant positive relationship between the test scores and the level of education. Those who had higher levels of formal education (49%) had higher test scores. This group receives most of their child development information from magazines and informal conversations. They identified strong needs in all areas of child development.

Limitations

The Child Care Survey received a 29% return rate; it was mailed to 163 family day care providers. The Child Care Survey was lengthy and the knowledge test could have been threatening and might be a contributing factor in the low rate of returns. There was an incentive offered for the return of the Child Care Survey.

Conclusions

The family providers, or caregivers, are interested in obtaining child development knowledge, although they presently possess some of that knowledge. The sample was a fairly educated group with most of their child development education being gained informally. While they seemed to show an interest in gaining child development information, they did not show a desire for this information to be presented in a formal manner, for example through a college or university course. The older respondents in the sample preferred to receive their information through pamphlets, while the younger group indicated they receive most of their information through books. This information would also be important to someone creating training modules for this sample.

Recommendations

In consideration of the findings from this study, the researcher proposes the following actions be taken by the

groups indicated in an effort to enhance the quality of child care provided to children:

1. Child care training sponsored by CCR&R, Cooperative Extension, etc. need to provide many hands-on experiences. The respondents expressed a strong desire for more child development knowledge in all areas of child development, integrating this information into workshops with this kind of experience could prove to be beneficial.
2. Child care training modules need to provide more pamphlets for the older, more experienced provider.
3. Child care training modules need to provide more child development books for the younger and less experienced providers.

The researcher also suggests that future study consider:

4. A more lengthy and refined knowledge test to more clearly identify areas that providers need future experiences in to enhance their program.
5. A larger more diverse sample with the same style of research.
6. A comparison of center-based caregivers' knowledge to family home providers' knowledge.

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Appendix A
Child Care Survey

CHILD CARE SURVEY

This survey has been prepared for you to help us determine what your experiences are in the area of child development. Please take the time to complete, and return it by Friday December 3, 1993. Your responses will be kept confidential. THANK YOU!

CAREGIVERS. . .

1. How many years have you been providing child care? _____
2. What is the age range of the children you care for? _____
3. Do you have any children of your own? Yes ___ No ___ If no, skip to 6.
4. If yes, how many? _____
5. What are their ages? _____
6. What is your age? _____
7. Check the highest level of education you have completed:
 - a. Some high school _____
 - b. High school _____
 - c. Some college _____
 - d. Associates degree _____
 - e. Bachelor's degree _____
 - f. Some graduate work _____
 - g. Graduate degree _____
8. Check each of the child development educational experiences you have had.

	Yes	No
A. Completed child development and care courses in high school	_____	_____
B. Completed child development and care courses in community college	_____	_____
C. Completed child development and care courses at a University	_____	_____
D. Participated in Child Development Associates Training	_____	_____
E. Participated in non-school child development and care experiences (for example 4-H, Cooperative Extension, Girl Scouts)	_____	_____
F. Attended/participated in Child Care Resource and Referral workshops	_____	_____
G. Attended/participated in early childhood conferences and workshops	_____	_____
9. Do you belong to any child development/care organizations:
___ yes ___ no If yes, please name _____

SOURCE OF INFORMATION. . .

10. Check all of the following that apply:

How do you receive child development information?

___ Activity kits

___ Association meetings

___ Books

___ College courses

___ Informal conversations with others (such as talking with a CCR&R resource specialists)

___ Journals, such as Young Children

___ Magazines, such as Parents

___ Newsletters

___ Pamphlets

___ Training/Workshops

___ Videotapes/Television

11. How do you learn child development information best. . .

Please check the one that best describes you:

- ☐ Audio tapes
- ☐ Books
- ☐ Hands-on experience
- ☐ Informal conversations (with other providers or resource specialist)
- ☐ Lectures/Presentations
- ☐ Pamphlets
- ☐ Independent learning
- ☐ Structured courses
- ☐ Video tapes/television
- ☐ Workshops

TRAINING NEEDS. . .

12. Please check the answer that best describes your needs in the following areas:

	I really need it	I could use it	I don't need it
Physical-motor development (such as what you expect from one level to the next)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social development (sharing, taking turns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional development (such as adjusting to new children and adults; separation from family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual development (such as self- exploration, masturbation, and experimentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual development (such as curiosity to explore the environment, and what to expect from one level to the next)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmentally appropriate practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline/Guidance principles and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If training modules were developed on certain areas of child development, how would you like to receive this information?

- ☐ Audio tapes
- ☐ Books
- ☐ Lectures/Presentations
- ☐ Pamphlets
- ☐ Independent learning
- ☐ Structured courses
- ☐ Video tapes/Television
- ☐ Workshops

CHILD DEVELOPMENT. . .

Circle your answer to each question.

1. Which of the following is not true about smiling?
 - a. an adult smile has no meaning for a baby
 - b. an infant may smile when only a few hours old
 - c. true social smiling usually does not begin until 6 weeks of age
 - d. the infant's smiles increase when the mother or other person reinforces them with her own smile
2. Most children are expected to be toilet trained between the ages of
 - a. 6 months to 1 1/2 years
 - b. 1 year to 1 1/2 years
 - c. 1 1/2 to 2 years
 - d. 3 years to 3 1/2 years
3. Infants _____ show variation in their willingness to be cuddled and their enjoyment of physical contact.
 - a. do
 - b. do not
4. Separation anxiety is:
 - a. fear of losing parent
 - b. fears the result of seeing a stranger
 - c. turning away from a stranger
 - d. fearing that the parent will give the child to a stranger
5. The caregiver conveys the message to the baby that a behavior is not accepted by:
 - a. laughingly telling the baby no
 - b. responding quickly with a sharp clear warning
 - c. changes in body movement, words and gestures, in a consistent manner
 - d. giving an occasional quick slap to show the caregivers intent
6. When an infant's needs are not met in a consistent and dependable manner, it can lead to:
 - a. self-defeating behavior patterns
 - b. a reduced sense of self-esteem
 - c. an inability to deal positively with others
 - d. all of the above
7. A developmentally appropriate story for an 8-month old child should include:
 - a. a simple story
 - b. interesting sounds
 - c. unfamiliar objects
 - d. all of the above
8. You are intellectually stimulating Susan who is 3 months old. What do you do?
 - a. talk to her
 - b. read her the story of the 3 bears
 - c. cuddle her close
 - d. sit her in a chair and show her pictures of the alphabet letters
9. Imitating a baby's babbling will encourage language development.
 - a. true
 - b. false
10. The presence or absence of a newborn's reflexes is important to observe because:
 - a. they are a measure of what the baby is learning
 - b. they show normal development of the central nervous system
 - c. they are affected by a vitamin D deficiency
 - d. they show how muscle fibers are growing
11. The sequence of motor activities which the infant typically goes through in the development of locomotion is:
 - a. sitting, rolling, crawling, standing, cruising, walking
 - b. rolling, sitting, crawling, standing, cruising, walking
 - c. rolling, sitting, crawling, cruising, standing, walking
 - d. sitting, rolling, crawling, standing, cruising, walking
12. The average child is able to stand alone by:
 - a. 8 months
 - b. 12 months
 - c. 18 months
 - d. 24 months
13. The family is the primary agent for providing the child's:
 - a. cultural heritage
 - b. lessons in love
 - c. biological needs
 - d. all of the above

14. Grandma comes to visit her ten-month old grandson, but when she tries to take him from his mother's arms at the airport she is met with loud cries. He is probably exhibiting:
 - a. a reaction to the airport
 - b. stranger anxiety
 - c. overtiredness
 - d. a reaction to overstimulation
15. Stranger anxiety may be thought of as a positive reaction because:
 - a. it is important for children to learn to be wary of strangers
 - b. it shows that the child has learned to tell the difference between the people he or she knows and people he or she doesn't know
 - c. both of the above
 - d. neither of the above
16. During the preschool years, children's rate of growth:
 - a. slowly begins to increase
 - b. is slower than during infancy
 - c. is not noticeable
 - d. is faster than during infancy
17. One of the major reasons toddlerhood is so anxiety producing for adults is the toddler's:
 - a. almost constant crying
 - b. extremely high activity level
 - c. preference for peers over parents and other adults
 - d. refusal to be left alone
18. The adult can help the child gain control of himself during a temper tantrum by:
 - a. remaining calm and in control of self
 - b. isolating the child
 - c. imitating the child's behavior
 - d. demanding that the child be quiet
19. When 17-month old Brian dumped out the garbage pail and sorted through it, he was:
 - a. being extremely naughty
 - b. learning by imitating his parents
 - c. expanding his understanding of the environment
 - d. all of the above
20. Timmy, 16 months old, delights in dropping his spoon over the side of the highchair. He is probably:
 - a. trying to annoy his caregiver, who picks it up each time, washes it off, and returns it to him
 - b. just being "bad"
 - c. being inquisitive and trying to prolong a pleasing event
 - d. all of the above
21. One of the biggest dangers of keeping a child in a playpen for large amounts of time is:
 - a. the child is more likely to get sick
 - b. the child will masturbate too much
 - c. the child will be deprived of sensory and physical stimulation
 - d. the child is more likely to be a victim of child abuse or neglect
22. The child's degree of motor control depends on:
 - a. the variety of skills she/he had a chance to practice
 - b. the amount of practice he/she has had
 - c. the maturation of the central nervous system
 - d. all of the above
23. Which of the following is not true about children learning to walk?
 - a. when a child takes her first steps, her arms are held out and up for balance
 - b. when a child falls down, she is likely to be deterred from practicing walking
 - c. parents who are fearful and induce timidity in their children are likely to present a serious obstacle to the mastery of walking
 - d. walking requires well-developed sight and hearing
24. A toddler wets his pants. What would you do?
 - a. change him and put on diapers
 - b. change him and say nothing
 - c. help him change and tell him to ask if he needs help next time
 - d. change him and warn him not to let it happen again
 - e. remind yourself of the time
 - f. ignore the situation and let him wear wet pants
25. A toddler spills her milk. What would you do?
 - a. clean it up
 - b. scold the toddler
 - c. help her clean it up
 - d. call the maid

26. A toddler bites another toddler. What would you do?
 - a. treat the wound
 - b. tell the biter that biting hurts
 - c. bite the toddler yourself or have the other toddler bit him back
 - d. both a and b
 - e. all of the above
27. Which of the following would most likely be a positive reinforcement to a toddler?
 - a. a smile with a nod of your head
 - b. a verbal thank you for putting the book on the shelf
 - c. rubbing the child's back
 - d. all of the above
28. Young children have trouble assuming another person's role because they are egocentric.
 - a. true
 - b. false
29. Nurturance increases helping behavior.
 - a. true
 - b. false
30. As children learn and practice one skill, they may:
 - a. slow down on the mastery of other skills
 - b. regress on other skills they already have
 - c. both of the above
 - d. none of the above
31. Which of the following statements is true concerning verbal behavior for young toddlers?
 - a. they know how to take turns when they talk to someone
 - b. their language is mainly egocentric
 - c. their behavior is determined by a nonlinguistic context
 - d. they use mostly dual monologues in their speech
32. Toddlers:
 - a. can use words to tell stories
 - b. are so direct that you can usually tell what they are thinking from what they are doing
 - c. can usually figure out ways to get what they want
 - d. all of the above
33. Sara, who is 3, is given some clay. She will probably:
 - a. make a ball
 - b. make a snake
 - c. roll it about, exploring its sensory qualities
 - d. roll it about to make a ball to give to her friend
34. Forcing children to try motor skills before they are ready may lead to:
 - a. advanced motor skills
 - b. achievement and satisfaction
 - c. misery and frustration
 - d. none of the above
35. Which of the following characterizes toddlers?
 - a. incessant activity
 - b. cries "me do it myself"
 - c. carrying things in their hands as they toddle about
 - d. all of the above
36. Unless the adult is trained to "catch" the child, success in toilet training depends on
 - a. the child's maturity
 - b. strict training methods
 - c. both of the above
 - d. none of the above
37. Imaginary companions
 - a. are always an outlet for aggression and hostility
 - b. may be useful in the development of social skills
 - c. are less apt to be had by creative children
 - d. are most prevalent among middle children
38. Eddie, Teresa, and Majorie are playing house. Teresa wants Eddie to be Daddy and Marjorie wants him to be the baby. What would you do?
 - a. round up another boy to play one of the roles
 - b. observe the situation and allow them to work it out themselves
 - c. tell them to work it out themselves
 - d. lecture them on the importance of being kind to one another
39. Larry likes to play with dolls and dress up in long dresses and high heels. His father becomes very upset when he sees Larry playing this way. What would you do?
 - a. agree with the father that Larry should not be playing with girl's things
 - b. explain that little boys play this way to explore many roles
 - c. excuse yourself and leave the room
 - d. ask the father what's wrong with such play
 - e. give him a lecture on not being sexist

40. In cooperative play children:
a. must play by the rules
b. must take turns
c. must be capable of sharing play materials
d. all of the above
41. When a child shows a desire to begin dressing himself, unwanted help will reduce his:
a. sense of autonomy
b. feelings of trust
c. negativism
d. rate of development
42. Which of the following would typically work least well to reduce the aggressiveness of a preschool child?
a. punish the child when you think he/she is going to be aggressive
b. punish the child just after he/she has been aggressive
c. ignore the child
d. let the child take out aggressiveness with paint and an easel
43. Children learn the letters of the alphabet:
a. late in the preschool years
b. by going to school
c. by seeing signs, magazines, books, and tv
d. all of the above
44. Reading readiness in the preschool years
a. depends totally on maturation
b. should be encouraged by teaching 2-year olds the alphabet
c. is most effectively taught using phonics
d. depends both on developmental and experiential factors
45. Children who have not been talked to, read to, or encouraged to communicate:
a. find it difficult to learn to read at a fast pace in first grade
b. can still learn to read at the normal pace in first grade if given appropriate books
c. learn to read at the same rate as children who have been talked to, read to, and encouraged to communicate
d. do not suffer any major deficits in first grade
46. Which of the following should Ms. Smith put on her handicapped 3-year old son's new school pants so he can fasten them easily:
a. heavy-duty gripper fasteners
b. buttons
c. zippers and snaps
d. velcro fasteners
47. Laurie, 3-years old, does not know the parts of her body. What would you do?
a. provide a mirror for her to use
b. put labels on her body parts
c. use songs and games that name parts of the body
d. have her draw a picture of her body
e. send a note home that requires that her parents teach her what the parts of her body are called
48. Joshua has just learned how to catch a small ball, copy letters, tie his shoes, and cut out a shape with his scissors. He is likely to be:
a. 2 years old
b. 3 years old
c. 4 years old
d. 5 years old

THANK YOU!

Appendix B
Transmittal Letter



Eastern
Illinois
University

BOARD OF GOVERNORS UNIVERSITIES

November 17, 1993

Child Care Resource and Referral
School of Home Economics
Klehm Hall, Room 217
Charleston, Illinois 61920-3099
(217) 581-6698
(800) 545-7439

Dear Family Day Care Provider:

As we know, the children you provide care for are changing all of the time. Infants are growing rapidly, developing emotional ties, and making noticeable physical gains. This infant will soon be a toddler ready to challenge you by running until he/she never drops, beginning to explore her/his world, and developing language skills. As this toddler develops into a preschooler, you will see social skills develop, creativity will soar in each child's individual way, and independence will be evident. I need to know what else you would like to know about children's development.

As a graduate student, and a child care resource specialist, I need your assistance. I am completing a study on family day care providers in an area that has not yet been researched. If you could take a few minutes from your busy schedule to complete this survey, it would be greatly appreciated. The information gained will also be used to evaluate the services we provide and how we provide them.

If you are wondering why you should give up a few minutes of your precious time to complete this survey, keep in mind that the delivery of resources and workshops is a service that we provide to help you enhance your program, and we want to make these services as effective as possible. As an added incentive, attached to your survey is a slip of paper to put your name on after you have completed the survey. A name will be drawn and someone will be awarded a \$25 gift certificate to Mrs. B's School Supplies, where we purchase a lot of the resources that we lend to you on a monthly basis. Please complete and return this survey by Friday December 3, 1993.

Thank you for helping me complete my graduate research.

Sincerely,

Latonia A. Stewart
Graduate Student
Child Care Resource Specialist

S. Jayne Ozier, Ph.D.
Thesis Advisor
Director CCR&R